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CONFIRMATION NO. 8771

<b>SERIAL NUMBER</b> 10/532,295	<b>FILING OR 371(c) DATE</b> 02/17/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 24492-011 NATL
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US03/33595 10/22/2003 which claims benefit of 60/420,187 10/22/2002 and claims benefit of 60/420,399 10/22/2002 \*  
 and claims benefit of 60/428,100 11/21/2002 \*  
 and claims benefit of 60/428,562 11/22/2002 \*  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 08/25/2006

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
Verified and Acknowledged	Examiner's Signature <i>EGS</i> Initials				

**ADDRESS**

30623

**TITLE**

Treatment of diabetes

<b>FILING FEE RECEIVED</b> 365	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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